Promotions in AIIMS

3854. SHRI MOHINDER SINGH LATHER:

SHRI SHIV PRATAP MISHRA:

Will the Minister of HEALTH AND FAMILY WELFARE he pleased to state:

(a) whether it is a fact that the recent promotions in the AIIMS, prima facie indicate attempts of opportunism, nepotism and favourtism;

(to) whether it is a fact that the Governing Council, has ignored the recommendations of selection committee and promotions of Professor of Physiology; Aaaesthesiology and Bio-statistics;

(c) whether it is a fact that the re-seiij have been withheld because of some representations after the interview by some effected candidates;

(d) what are the reasons for which promotions to the posts of Professors of Physiology, Auaesthesiology and Biostatistics are not being given effect to as finalised by the experts of the Selection Committee;

(e) Whether it is a fact that the re-ccoamendation/decision . of the selection committee is being changed; and

(f) whether Government are aware that such a proposal has caused demora lisation at senior levels in the AIIMS and by when these posts are likely to be filled up in view of the recommendation of the selection committee, if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): (a) No, Sir.

(b) and (e) As regards the post of Profess ir of Physiology, the Governing JBody has directed the Selection Committee to re-conduct the interview with new experts as the Selection Committee found it difficult to go along, with the views of the experts who interviewed the candidates.

As regards the post of Professor of Ainaesthesiology and Bio-statistics, the Selection Committee recommended that the posts should be re-advertised The Governing Body refered the two cases back to the Selection Committee as the technical' experts had already given their opinion. However, since the Selection Committee reiterated its earlier stand, it was decided to re-conduct the interviews with new experts.

In all these cases, the Governing Body has not made any appointments countrary to the recommendations of the Selection Committee.

(f) Government is not aware of any demoralisation at senior levels in AIIMS.

Medical Infrastructure in the country

3855. SHRI RANJI RANJAN SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the State-wise details of medical infrastructure at present;

(b) what strategy is being adopted to strengthen the medical infrastructure spe>-cially in the rural and tribal areas of the country;

(c) what targets were set and what achievements were made during the Seventh Plan or Annual Plans so far and

(d) the manner in which the Eighth Plan addresses to this issue?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): (a) to (d)

(a) to (d) *Statement sho . ins Rural Health Infrastructure Functioni.ig in the Country till March,* 1992.

Sl. No.	Name of States/Union Territories	Present Position		
		Sub-Centres	P.H. Cs.	C.H. Cs.
1	Andhra Pradesh	7894	1283	46
2	Arunachal Pradesh	184	33	6
3	Assam	5110	479	68
4	Bihar	14799	2494	106
5	Goa	147	21	5
6	Gujarat	7284	911	161
7	Haryana	2299	395	41
8	Himachal Pradesh	1502	203	35
9	J & K	1580	281	35
10	Karnataka	7793	1173	169
11	Kerala	5094	911	54
12	Madhya Pradesh	11910	1182	175
13	Maharashtra	9377	1650	285
14	Manipur	420	70	11
15	Meghalaya	356	81	5
16	Mizoram	232	38	6
17	Nagaland	201	33	3
18	Orissa	5426	1029	89
19	Punjab	2853	2048	86
20	Rajasthan	8096	1373	217
21	Sikkim	142	23	..
22	Tamil Nadu	8681	1429	73
23	Tripura	496	50	8
24	Uttar Pradesh	20153	3638	237
25	West Bengal	7873	1544	87
26	A&N Islands	109	19	3
27	Chandigarh	12	..	1
28	Dadra & Nagar Haveli	34	5	..
29	Daman & Diu	30	4	..
30	Delhi	42	8	..
31	Lakshadweep	14	7	1
32	Pondicherry	76	26	2
	TOTAL	130219	22441	2015

Health is a State subject and the provision and expansion of the medical infrastructure is done by the State Governments within their overall resources and priorities.

The State-wise network of rural health rafirastruoture of sub-centres, Primary Health Centres and Community Heal'th Centres are given in the annexure-I,

Establishment of rural health infrastructure including tribal areas comes under the Minimum Needs Programme for which earmarked outlays are allocated to the States by the Planning Commission, for stablishmemt and qualitative improvement of the infrastructure. The targets and achievement are indicated below:

	7th Plan		1990-91		1991-92	
	Target	Achieve-ment	Target	Achieve-ment	Target	Achieve-ment
Primary Health Centres .	11992	9831	1396	1707	795	198
Sub-Centres . . .	51237	45238	NIL	708	NIL	220
Community Health Centres	1442	1096	285	70	268	90

During the 8th Plan, there will be more consolidation with minimal expansion in terms of improving quality of pansion in terms, of improving quality of ing of man-power, supplying of equipments and medicines, construction of buildings, etc.

Construction of Hospitals in Delhi

3856. SHRIMATI VEENA VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what progress has been made in the construction of seven hospitals in the peripheral areas of Delhi under Delhi Administration; and

(b) when the construction work of these hospitals was started and by when it is likely to be completed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): (a) and (b) A statement is enclosed.

Statement

s. No.	Name of the Hospital	Present position of construction	i Date of Starting of cons-truction	Date of completion
1	2	3	4	5
1.	100 bedded Lai Bahadur Shash-	OPD services have started in	April,	Likely to be
2.-	tri Hospital, Khichripur	December, 1991.	1988	completed in
	100 bedded Babu Jagjivan Ram Memorial Hospital, Jahangir-puri.	OPD services are likely to start during, 1992.	During, 1989.	the year 1993-94. Do.